FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N08734

(8)

CHARLOTTE LOCAL EDUCATION FOUNDATION, INC.) (0 N) (1 N)		iana nadar dadar dan rasar da	11 0 11 0 1011 1001	
Principal Place	e of Business	Mailing Address					FLOT DISIN DIDIL BEGIL DIDIL I	ITRU EFBIT FRA	
1445 PATTI DR PT. CHARLOTTI US	IVE E FL 33948-1053	P.O. BOX 1764 PUNTA GORDA FL 33951-1764 US							
					3. Date Incorporate 04/16/19		3a. Date of Last F 04/26/19	teport 1 96	
2. Principal Place of Business 21		2a. Mailing Address	2a. Mailing Address			344	├ -	oplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			·		\$8.75	ot Applicable Additional	
22		27			5. Certificate of Sta	atus Desired	Fee Re	equired	
City & State		Crty & State			6. Election Campai			May Be	
Zip Country		Zip Country		Trust Fund Cont			to Fees		
24	25	¬			Florida Statutes				
	9. Name and Address of Curren	t Registered Agent			10. Name and Add	ress of New Reg	gistered Agent		
	ar morale mar i		81	Name					
	KY, EDWARD L.		82	Street A	ddress (P.O. Box Number	is Not Acceptabl	le)		
	MARION AVENUE, SUITE 301 GORDA FL 33950		83						
I OITIN T	GOIDA I E GOOD		84	City			as 75	Code	
				City					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								ls registered	
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE _	Signature, typed or printed name of registered age	ril and title if applicable (NOTE	Benistered Age	di signalure re	equired when reinstalling)		DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHAI	NGES TO OFFIC	ERS AND DIRECTOR	IS IN 12	
TITLE	VD .	☐ DELETE	1.1 TITLE		PD		Change	Addition	
NAME	DODD, ANDREW 18050 CANDERBUILT AVENUE		1.2 NAME						
STREET ADDRESS	PORT CHARLOTTE FL.		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					ľ	
CITY-ST-ZIP TITLE	PD				V D			Addition	
NAME	BISHOP, LISA]					
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP	ARCADIA FL		2. 4 CITY - S	ST-ZIP					
TITLE	STD DELETE		3.1 TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	LORAH, GEOFFREY 3885 BORDEAUX DRIVE		3.2 NAME 3.3 STREET ADDRESS						
CITY-ST-ZIP	PUNTA GORDA FL		3.4. CITY- S						
TITLE		☐ DELETE	4.1 TITLE	-			☐ Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET						
CITY-ST-ZIP TITLE	DELETE		4.4 CITY - ST 5.1 TITLE	T-ZIP			Change	Addition	
NAME		pecen	5.1 THE 5.2 NAME				onange		
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY - S]					
TITLE		☐ DEL€TE	6.1 TITLE				☐ Change	Addition	
NAME			62 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					

UIY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Geoffre L. Lovek

FILED

Feb 11 1997 8:00am

Secretary of State